



# COMMUNITY SERVICE APPLICATION

## Contact Information

## Date

Name	Phone (s)
Address	E-Mail Address
City, State, Zip Code	Birthday (M/D/Y)

**Please share more regarding what type of community service is required of you.**

*Due to the nature of our work, a background check will be conducted for all applicants. A conviction for a violent crime may result in disqualification from the volunteer program.*

## COURT ORDERED

Court (Judge)	
Offense	
Number of Required Hours	

## REQUIRED FOR A SOCIAL SERVICE (i.e. housing, TANF, etc.)

Agency	
Agency Contact	
Number of Required Hours	

## OTHER

School, Civic Group, Church (etc.)	
Number of Required Hours	

## Availability

**Please share more regarding your availability.** (All Community Service applicants will be utilized solely as on-call volunteers, and we can not guarantee your required amount of hours.)

Weekday Mornings 9:30-11:30 (M T W Th F)	Anything we need to know about your schedule?
Weekday Afternoons 12:15-3:45 (M T W Th F)	
Monday / Thursday Evenings 3:30 - 6:45	

**Why do you want to work at Helena Food Share?** Please list any relevant skills, interests, and volunteer experience that make you a great fit.

## Your Safety and Wellness

We move over 10,000 pounds of food a day and many of our shifts require varying degrees of physical exertion. Please answer the questions below as best you can so that we can determine an appropriate shift for you. We will do our best to assign tasks within your ability. In return, we expect that you let us know if assigned task is too challenging. Your health and wellness is important to us!

How many pounds can you lift repeatedly?	Please list and medical, mental, or health concerns that might affect your volunteering :
Are you able to stand for extended periods of time?	

## Person to Notify in Case of Emergency

Name	
Address	
City, State, Zip Code	
Phone (s)	
Relationship	

## Customer Confidentiality

*Information learned about individual clients while working as a volunteer at Helena Food Share is confidential. All records dealing with specific individuals or families must be treated as such. General information or statistical material which is not specifically identified with any individual or family is not classified as confidential information and may be used with staff discretion. Our confidentiality policy is an extension of our mission to treat all with dignity and respect. It is of utmost priority that you respect our customers privacy.*

## Policy Checklist (Please Initial Each Item)

- I understand that my safety and the safety of others are of utmost importance and that I must immediately report to Helena Food Share Staff any injuries.
- I understand that volunteers are not covered under a workman's compensation policy.
- I agree to the Helena Food Share *Customer Confidentiality Policy* above.
- I have read and agree to the *Community Service Guidelines* attached.
- By checking this, I am providing permission for Helena Food Share to use any photos or video of me while I am serving as a volunteer. (Or, my initials here indicate that I DO NOT provide permission. \_\_\_\_\_.)
- I agree to a background check prior to my first shift.
- I will attend a Helena Food Share Building Tour prior to my first shift. Date complete: \_\_\_\_\_

**Signature**

**Date**